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APPLICANTS

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** CONTINUING DATA *****

None *8/13/05*

** FOREIGN APPLICATIONS *****

None *8/13/05*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 11/15/2003

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY TN	SHEETS DRAWING 23	TOTAL CLAIMS <i>33-40</i>	INDEPENDENT CLAIMS <i>8-8</i>
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature	Initials	

ADDRESS

Roy E. Williams
 1025 Crosswinds Cove
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 38017

TITLE

Self-contained illumination device for medicine containers

FILING FEE RECEIVED 943	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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